

SEPTEMBER 1, 2021



DGMIS USER MANUAL

SOUTH DAKOTA DEPARTMENT OF SOCIAL
SERVICES

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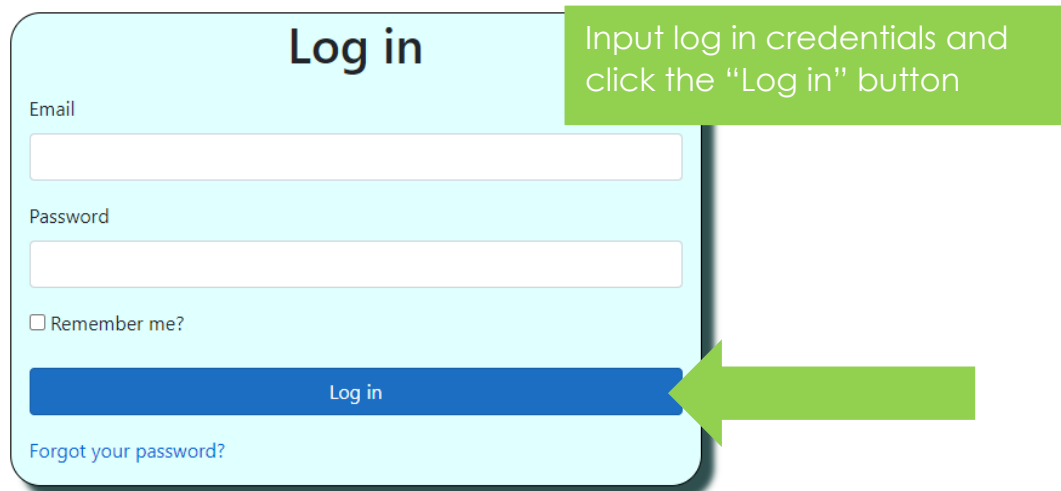
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Main Website: <https://dss-dg.sd.gov/>

All users will log in to the DGMIS via the main home page.

Discretionary Grant Management Information System (DGMIS)



The image shows a 'Log in' form for the Discretionary Grant Management Information System (DGMIS). The form is light blue with a dark blue 'Log in' button. It includes fields for 'Email' and 'Password', a 'Remember me?' checkbox, and a 'Forgot your password?' link. A green callout box points to the form with the text 'Input log in credentials and click the "Log in" button'. A green arrow points to the 'Log in' button.

Log in

Email

Password

☐ Remember me?

Log in

[Forgot your password?](#)

Input log in credentials and click the "Log in" button

Grant Selection

Select the grant that applies to you.

SOR

State Opioid Response*

[Continue](#)

SBIRT

Screening Brief Intervention Referral and Treatment

[Continue](#)

COVID

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

[Continue](#)

Adding Intake Forms

DGMIS.Web Home Users Clinics

Begin by clicking "Add New Intake"

Add New Intake

Client ID (MRN) will appear for staff to create

This screen will also allow you to search previously entered client IDs (MRNs)

Client ID (MRN):

Add Client Intake

Cancel

Click "Add client ID."
The ID cannot be a STARS ID

The form below will appear for staff to populate

A. Record Management

Client ID

DSSTEST_01CKB

Contract/Grant ID

FG000219

Client Type

Click drop down to select client type:

- Treatment Client
- Client in Recovery

Interview Type

Intake

Interview Date

mm/dd/yyyy



Submit

"Interview Date" is the date the screening tool was conducted

DO NOT ENTER
BIRTHDATE OR
TODAY'S DATE

Adding Intake, system time out

If the DGMIS system times out while you're working on an intake, your progress will be saved. This will allow facilities to continue their work on incomplete intakes without having to re-enter the tool from the beginning.

Finish an incomplete initial intake by clicking "Continue" under Intake header



DGMIS.Web Home Users Clinics			
Add New Intake			
ClientID	Intake Date	Intake	6 Month
DSSTEST_01CKB	03/03/2021	Continue	

Adding a 6-month update

Search client ID that needs a 6-month update on the home page (see pg. 5)

Begin by clicking "Add" under the 6 Month header

DGMIS.Web Home Users Clinics

Add New Intake

ClientID	Intake Date	Intake	6 Month
DSSTEST_01CKB	03/03/2021	View	Add

A. Record Management

Client ID

DSSTEST_01CKB

Contract/Grant ID

FG000219

Client Type

ClientinRecovery

Interview Type

Follow Up

Did you conduct a follow-up/discharge interview ?

✓

Interview Date

mm/dd/yyyy

Submit

Client ID, Client Type, and Interview Type will already be present

Click drop down and select "Yes" or "No"

"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRA form will load. If a full interview was not conducted, section I Follow-up Status of the GPRA form will load.

Follow-Up Status

I. Follow-Up Status

1. What is the follow-up status of the client?

If "Unable to locate, other", (Specify)

2. Is the client still receiving services from your program?

Save

Click drop down and select option for follow-up status

Not Applicable

No

Complete the screen, select "Save"

Click drop down and select "Yes" or "No"

A. Record Management

Overview

I. Follow Up

Submit Form

A. Record Management - Overview

Client ID : DSSTEST_01CKB

Contract/Grant ID : FG000219

Client Type : ClientinRecovery

Interview Type : Follow Up

Did you conduct a follow-up/discharge interview ? No

Interview Date : Not Applicable

After saving inputs select "Submit Form" to finish

Adding a discharge

Search client ID that needs a discharge tool (see pg. 5)

Click "Add" under the Discharge header

Add New In

ClientID	Intake Date	Intake	6 Month	Discharge
DSSTEST_01CKB	03/03/2021	View	Continue	Add

A. Record Management

Client ID	<input type="text" value="DSSTEST_01CKB"/>
Contract/Grant ID	<input type="text" value="FG000219"/>
Client Type	<input type="text" value="ClientinRecovery"/>
Interview Type	<input type="text" value="Discharge"/>
Did you conduct a follow-up/discharge interview ?	<input type="text" value=""/>
Interview Date	<input type="text" value="mm/dd/yyyy"/>
<input type="button" value="Submit"/>	

Client ID, Client Type, and Interview Type will already be present

Click drop down and select "Yes" or "No"

"Interview Date" should reflect the date an interview was conducted. If an interview was not conducted then you won't be allowed to add a date

If an interview was conducted, the full GPRA for will load. If a full Interview was not conducted, section J Discharge Status and Section K Planned Services of the GPRA form will load.

Discharge Status

A. Record Management
Overview
J. Discharge
K. Services Received

J. Discharge Status

What is the date (month, day, and year) of discharge ?

What is the client's discharge status?

If the client was terminated, what was the reason for termination ?

Specify other reason for termination

Did the program test this client for HIV?

Did the program refer this client for testing ?

Indicate the date of discharge

Indicate if the client successfully completed services or the termination reason

Complete the screen, select "Save"

Planned Services

A. Record Management
Overview
J. Discharge
K. Services Received

K. Services Received

Identify the number of DAYS of services provided to the client during client's course of treatment/recovery.

ENTER ZERO IF NO SERVICES PROVIDED

Modality

1. Case Management	<input type="text" value="0"/>	9. Detoxification (Select Only One)	
2. Day Treatment	<input type="text" value="0"/>	A. Hospital Inpatient	<input type="text" value="0"/>
3. Inpatient/Hospital (Other Than Detox)	<input type="text" value="0"/>	B. Free Standing Residential	<input type="text" value="0"/>
4. Outpatient	<input type="text" value="0"/>	C. Ambulatory Detoxification	<input type="text" value="0"/>
5. Outreach	<input type="text" value="0"/>	10. After Care	<input type="text" value="0"/>
6. Intensive Outpatient	<input type="text" value="0"/>	11. Recovery Support	<input type="text" value="0"/>
7. Methadone	<input type="text" value="0"/>	12. Other (Specify)	<input type="text" value="0"/>
8. Residential/Rehabilitation	<input type="text" value="0"/>	<input type="button" value="Not Applicable"/>	

At least one "Modality" must be greater than 0

Planned Services, Continued

Treatment Services

[SELECT AT LEAST ONE SERVICE.]

At least one "Treatment Services" option must be greater than 0

1. Screening	<input type="text" value="0"/>	8. Group Counseling	<input type="text" value="0"/>
2. Brief Intervention	<input type="text" value="0"/>	9. Family/Marriage Counseling	<input type="text" value="0"/>
3. Brief Treatment	<input type="text" value="0"/>	10. Co-Occurring Treatment/Recovery Services	<input type="text" value="0"/>
4. Referral to Treatment	<input type="text" value="0"/>	11. Pharmacological Interventions	<input type="text" value="0"/>
5. Assessment	<input type="text" value="0"/>	12. HIV/AIDS Counseling	<input type="text" value="0"/>
6. Treatment/Recovery Planning	<input type="text" value="0"/>	13. Other Clinical Services (Specify)	<input type="text" value="0"/>
7. Individual Counseling	<input type="text" value="0"/>		

Not Applicable

You are not required to select an option here, select "Not Applicable" if none apply

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	<input type="text" value="0"/>	4. Individual Services Coordination	<input type="text" value="0"/>
2. Child Care	<input type="text" value="0"/>	5. Transportation	<input type="text" value="0"/>
3. Employment Service		6. HIV/AIDS Service	<input type="text" value="0"/>
A. Pre-Employment	<input type="text" value="0"/>	7. Supportive Transitional Drug-Free Housing Services	<input type="text" value="0"/>
B. Employment Coaching	<input type="text" value="0"/>	8. Other Case Management Services (Specify)	<input type="text" value="0"/>

Not Applicable

Planned Services, Continued

Select "Not Applicable" in each section if none apply

Medical Services

1. Medical Care

2. Alcohol/Drug Testing

3. HIV/AIDS Medical Support & Testing

4. Other Medical Services (Specify)

Not Applicable

After Care Services

1. Continuing Care

2. Relapse Prevention

3. Recovery Coaching

4. Self-Help and Support Groups

5. Spiritual Support

6. Other After Care Services (Specify)

Not Applicable

Education Services

1. Substance Abuse Education

2. HIV/AIDS Education

3. Other Education Services (Specify)

Not Applicable

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring

2. Housing Support

3. Alcohol-and Drug-Free Social Activities

4. Information and Referral

5. Other Peer-to-Peer Recovery Support Services (Specify)

Not Applicable

Save

Complete the screen, select "Save"

Completing Discharge Status and Planned Services

DGMIS.Web Home Users Clinics

Hello Logout

A. Record Management

Overview

J. Discharge

K. Services Received

Submit Form

After saving inputs select "Submit Form" to finish

A. Record Management - Overview

Client ID : DSSTEST_01CKB

Contract/Grant ID : FG000219

Client Type : ClientinRecovery

Interview Type : Discharge

Did you conduct a follow-up/discharge interview ? No

Interview Date : Not Applicable

Behavioral Health Diagnoses

DGMIS.Web Home Users Clinics

Hello Colleen! Logout

A. Record Management

Overview

Behavioral Health Diagnoses

A. Record Management - Behavioral Health Diagnoses

Please indicate the client's current behavioral health diagnoses using the International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to Diagnostic and Statistical Manual of Mental Disorders, (DSM-5) descriptors.

Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Primary Diagnosis:	<input type="text"/>	Category:	<input type="text" value="Primary"/>
Secondary Diagnosis:	<input type="text"/>	Category:	<input type="text"/>
Tertiary Diagnosis:	<input type="text"/>	Category:	<input type="text"/>

Select up to three diagnoses

Please indicate the following:

1. In the past 30 days, was this client diagnosed with an opioid use disorder?

a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of an opioid use disorder? (Select all that apply)

	Received	# of Days
Methadone	<input type="text" value="No"/>	<input type="text"/>
Buprenorphine	<input type="text" value="No"/>	<input type="text"/>
Naltrexone	<input type="text" value="No"/>	<input type="text"/>
Extended Release Naltrexone	<input type="text" value="No"/>	<input type="text"/>
Client was diagnosed with an opioid use disorder, but did not receive an FDA-approved medication for an opioid use disorder	<input type="text" value="No"/>	<input type="text"/>
Client was not diagnosed with an opioid use disorder and did not receive an FDA-approved medication for an opioid use disorder	<input type="text" value="No"/>	<input type="text"/>

2. In the past 30 days, was this client diagnosed with an alcohol use disorder?

Indicate if the individual was diagnosed with an opioid use disorder or alcohol use disorder in the past 30 days.

Planned Services

All providers are required to select one option under “Modality” and one option under “Treatment Services.” The page will not advance if it is not selected.

DGMIS.WebHomeUsersClinicsHelloLogout

A. Record Management

Overview

Behavioral Health Diagnoses

Services

A. Record Management - Services

PLANNED SERVICES [REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT INTAKE/BASELINE]

Identify the services you plan to provide to the client during the client's course of treatment/recovery

Modality

1. Case ManagementNo

2. Day TreatmentNo

3. Inpatient/Hospital (Other Than Detox)No

4. OutpatientNo

5. OutreachNo

6. Intensive OutpatientNo

7. MethadoneNo

8. Residential/RehabilitationNo

9. Detoxification (Select Only One)

A. Hospital InpatientNo

B. Free Standing ResidentialNo

C. Ambulatory DetoxificationNo

10. After CareNo

11. Recovery SupportNo

12. Other (Specify)No

Not Applicable

Treatment Services

[SELECT AT LEAST ONE SERVICE.]

1. ScreeningNo

2. Brief InterventionNo

3. Brief TreatmentNo

4. Referral to TreatmentNo

5. AssessmentNo

6. Treatment/Recovery PlanningNo

7. Individual CounselingNo

8. Group CounselingNo

9. Family/Marriage CounselingNo

10. Co-Occurring Treatment/Recovery ServicesNo

11. Pharmacological InterventionsNo

12. HIV/AIDS CounselingNo

13. Other Clinical Services (Specify)No

Select at least one option

Select at least one option

Planned Services, Continued

The remaining planned services sections are not required.

Select "Not Applicable" in each section if none apply

Case Management Services

1. Family Services (Including Marriage Education, Parenting, Child Development Services)	No ▾	4. Individual Services Coordination	No ▾
2. Child Care	No ▾	5. Transportation	No ▾
3. Employment Service		6. HIV/AIDS Service	No ▾
A. Pre-Employment	No ▾	7. Supportive Transitional Drug-Free Housing Services	No ▾
B. Employment Coaching	No ▾	8. Other Case Management Services (Specify)	No ▾
Not Applicable			

Medical Services

1. Medical Care	No ▾	3. HIV/AIDS Medical Support & Testing	No ▾
2. Alcohol/Drug Testing	No ▾	4. Other Medical Services (Specify)	No ▾
Not Applicable			

After Care Services

1. Continuing Care	No ▾	4. Self-Help and Support Groups	No ▾
2. Relapse Prevention	No ▾	5. Spiritual Support	No ▾
3. Recovery Coaching	No ▾	6. Other After Care Services (Specify)	No ▾
Not Applicable			

Education Services

1. Substance Abuse Education	No ▾	3. Other Education Services (Specify)	No ▾
2. HIV/AIDS Education	No ▾	Not Applicable	

Planned Services, Continued

Select "Not Applicable" if none apply

Peer-To-Peer Recovery Support Services

1. Peer Coaching or Mentoring

No

2. Housing Support

No

3. Alcohol-and Drug-Free Social Activities

No

4. Information and Referral

5. Other Peer-to-Peer Recovery Support Services (Specify)

No

Not Applicable

Save

Click "Save" to progress

Demographics

DGMIS.Web Home Users Clinics

Hello Colleen! Logout

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

A. Record Management - Demographics

1. What is your gender?

Other (Specify)

Not Applicable

2. Are you Hispanic or Latino?

No

If #2 is answered "No", skip to #3

[IF YES] What ethnic group do you consider yourself? Please answer the following. You may say yes to more than one.

Central American

Not Applicable

Puerto Rica

Not Applicable

Cuban

Not Applicable

South America

Not Applicable

Dominican

Not Applicable

Other (Specify)

Not Applicable

Mexican

Not Applicable

Not Applicable

3. What is your race? Please answer yes or no for each of the following. You may answer yes to more than one.

Black or African American

No

Native Hawaiian or other Pacific Islander

Asian

No

Alaska Native

No

White

No

American Indian

No

4. What is your date of birth?

Month

January

Year

2010

Save

Click "Save" to progress

Must select a 'Race' to continue

Date of Birth is required

DGMIS.Web

HomeUsersClinics

Hello Colleen!Logout

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

Military Family and Deployment

Indicate if the individual has military involvement

A. Record Management - Military Family and Deployment

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?[IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you most recently serve ?

[IF EVER DEPLOYED, SELECT 'NO' FOR 'NEVER DEPLOYED' AND SELECT 'YES' FOR ALL COMBAT ZONES THAT APPLY. IF NEVER DEPLOYED, SELECT 'YES' FOR 'NEVER DEPLOYED']

No

Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?[IF ACTIVE] What area, the Armed Forces, Reserves, or National Guard ?

Not Applicable

5b. Have you ever been deployed to a combat zone?

NEVER DEPLOYED

Not Applicable

IRAQ OR AFGHANISTAN (E.G., OEF/OIF/OND)

Not Applicable

PERSIAN GULF (OPERATION DESERT SHIELD/DESERT STORM)

Not Applicable

VIETNAM/SOUTHEAST ASIA

Not Applicable

KOREA

Not Applicable

WWII

Not Applicable

DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)

Not Applicable

Military and Family Deployment, Continued

6. Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard, or separated or retired from Armed Forces, Reserves, or the National Guard? [IF NO, REFUSED, OR DON'T KNOW, SKIP TO SECTION B]

No

Indicate if the individual has family with military involvement

If yes (answer for up to six people):

What is the relationship of that person (Service Member) to you?

If other, specify.

1

2

3

4

5

6

Not A

Not A

Not A

Not A

Not A

Not A

Not Appli

Not Appli

Not Appli

Not Appli

Not Appli

Not Appli

Has the Service Member experienced any of the following: [FOR EACH PERSON, SELECT ALL THAT APPLY.]

6a. Deployed in support of combat operations (e.g., Iraq or Afghanistan)?

Not A

Not A

Not A

Not A

Not A

Not A

6b. Was physically injured during combat operations?

Not A

Not A

Not A

Not A

Not A

Not A

6c. Developed combat stress symptoms/ difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?

Not A

Not A

Not A

Not A

Not A

Not A

6d. Died or was killed?

Not A

Not A

Not A

Not A

Not A

Not A

Save

Click "Save" to progress

Drug and Alcohol Use

DGMIS.Web Home Users Clinics

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

Military Family and Deployment

B. Drug & Alcohol Use

B. Drug and Alcohol Use

1. During the past 30 days, how many days have you used the following:

a. Any alcohol

b1. Alcohol to intoxication (5+ drinks in one sitting)

b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)

c. Illegal drugs

d. Both alcohol and drugs (on the same day)

of Days

0

Not Applicable

Not Applicable

0

Not Applicable

"Alcohol to Intoxication" fields cannot be greater than the number reported in the "Any Alcohol" field

"Both alcohol and drugs (on same day)" field cannot be greater than the largest number reported in the "Any Alcohol" field or "Illegal drugs" field

Drug and Alcohol Use

2. During the past 30 days, how many days have you used any of the following:

	# of Days	
a. Cocaine/Crack	<input type="text" value="0"/>	
b. Marijuana/Hashish	<input type="text" value="0"/>	
c. Opiates:		
1. Heroin	<input type="text" value="0"/>	Not Applicable
2. Morphine	<input type="text" value="0"/> ▼	Not Applicable ▼
3. Diluadid	<input type="text" value="0"/> ▼	Not Applicable ▼
4. Demerol	<input type="text" value="0"/> ▼	Not Applicable ▼
5. Percocet	<input type="text" value="0"/> ▼	Not Applicable ▼
6. Darvon	<input type="text" value="0"/> ▼	Not Applicable ▼
7. Codeine	<input type="text" value="0"/> ▼	Not Applicable ▼
8. Tylenol 2,3,4	<input type="text" value="0"/> ▼	Not Applicable ▼
9. Oxycontin/Oxycodone	<input type="text" value="0"/> ▼	Not Applicable ▼
d. Non-prescription methadone	<input type="text" value="0"/> ▼	Not Applicable ▼
e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	<input type="text" value="0"/> ▼	Not Applicable ▼
f. Methamphetamine or other amphetamines	<input type="text" value="0"/> ▼	Not Applicable ▼
g.		
1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	<input type="text" value="0"/> ▼	Not Applicable ▼
2. Barbiturates: Mephobarbital and pentobarbital sodium	<input type="text" value="0"/> ▼	Not Applicable ▼
3. Non-prescription GHB	<input type="text" value="0"/> ▼	Not Applicable ▼

If "Illegal drugs" field is greater than zero, then you must identify which drugs were used and how many days those drugs were used.

Drug and Alcohol Use

e. Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms or Mescaline	0	Not Applicable
f. Methamphetamine or other amphetamines	0	Not Applicable
g. 1. Benzodiazepines: Diazepam, Alprazolam, Triazolam, and Estazolam	0	Not Applicable
2. Barbiturates: Mephobarbital and pentobarbital sodium	0	Not Applicable
3. Non-prescription GHB	0	Not Applicable
4. Ketamine	18	IV
5. Other tranquilizers, downers, sedatives or hypnotics	0	Not Applicable
h. Inhalants	0	Not Applicable
i. Other illegal drugs (Specify)	0	Not Applicable

3. In the past 30 days, have you injected drugs?	Yes
4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used ?	Never

Save

Click "Save" to progress

Select response for "Injected drugs" from the drop down. Must select "Yes" if route of administration of 'Non-IV Injection' or 'IV' has been selected

C. Family and Living Conditions

1. In the past 30 days, where have you been living most of the time? [DO NOT READ RESPONSE OPTIONS TO CLIENT.]

Shelter

If "Housed"

Not Applicable

Other Housed (Specify)

Not Applicable

Reminder: If the individual indicates they spent time in jail or prison, indicate that was their living arrangement if it was greater than 15 days.

2. How satisfied are you with the conditions of your living space?

Very Satisfied

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs ?

Not at all

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities ?

Not at all

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems ?

Not at all

6. Are you currently pregnant?

Select 'No' if individual is male

No

7. Do you have children?

No

a. How many children do you have?

b. Are any of your children living with someone else due to a child protection court order ?

Not Applicable

c. How many of your children are living with someone else due to a child protection court order ?

d. For how many of your children have you lost parental rights? [THE CLIENT'S PARENTAL RIGHTS WERE TERMINATED.]

Save

Click "Save" to progress

Responses cannot be greater than the 'number of children' reported

D. Education, Employment, and Income

1. Are you currently enrolled in school or a job training program? [IF ENROLLED], Is that full time or part time?

Not Enrolled



Other (Specify)

Not Applicable

2. What is the highest level of education you have finished, whether or not you received a degree

Never attended



3. Are you currently employed?

Other



Other (Specify)

Employment
must be
reported

Whole dollar amounts
must be reported. All
fields must have a
value reported

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:

a. Wages

\$

RF/DK



e. Non-legal
income

\$

RF/DK



b. Public
assistance

\$

RF/DK



f. Family
and/or
friends

\$

RF/DK



c. Retirement

\$

RF/DK



g. Other
(Specify)

\$

RF/DK



d. Disability

\$

RF/DK



5. Have you enough money to meet your needs?

Not at all



Save

Click "Save"
to progress

E. Crime and Criminal Justice Status

1. In the past 30 days, how many times have you been arrested?
2. In the past 30 days, how many times have you been arrested for drug - related offenses ?
3. In the past 30 days, how many nights have you spent in jail / prison ?
4. In the past 30 days, how many times have you committed a crime ?
5. Are you currently awaiting charges, trial, or sentencing ?
6. Are you currently on parole or probation?

Save

Click "Save"
to progress

Initial response taken from "Illegal drugs" information previously entered. The number in this field can be increased but cannot be decreased without changing the value on the "Illegal drugs" field on the *Drug and Alcohol Use* page

If the individual indicates they spent time in jail or prison for 15 or more days, their living arrangement will need to be Jail or Prison in the "Family and Living Conditions section"

F. Mental and Physical Health Problems and Treatment/Recovery

Values are pre-populated for staff. Select and manage applicable entries

1. How would you rate your overall health right now ?

Excellent

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

nights

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

b. Outpatient Treatment for:

times

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

c. Emergency Room Treatment for:

times

i. Physical complaint

No

Not Applicable

ii. Mental or emotional difficulties

No

Not Applicable

iii. Alcohol or substance abuse

No

Not Applicable

3. During the past 30 days, did you engage in sexual activity?

No

Altogether, how many:

Contacts

a. Sexual contacts (vaginal, oral, or anal) did you have?

Not Applicable

b. Unprotected sexual contacts did you have?

Not Applicable

c. Unprotected sexual contacts were with an individual who is or was:

1. HIV positive or has AIDS

Not Applicable

2. An injection drug user

Not Applicable

3. High on some substance

Not Applicable

Values are pre-populated for staff. Select and manage applicable entries

4. Have you ever been tested for HIV?

No

a. Do you know the results of your HIV testing?

Not Applicable

5. How would you rate your quality of life?

Very poor

6. How satisfied are you with your health?

Very Satisfied

7. Do you have enough energy for everyday life?

Not at all

8. How satisfied are you with your ability to perform your daily activities?

Very Satisfied

9. How satisfied are you with yourself?

Very Satisfied

10. In the past 30 days, not due to your use of alcohol or drugs, how many days have you:

Days

a. Experienced serious depression

0

b. Experienced serious anxiety or tension

0

c. Experienced hallucinations

0

d. Experienced trouble understanding, concentrating, or remembering

0

e. Experienced trouble controlling violent behavior

0

Values are pre-populated for staff. Select and manage applicable entries

F. Violence and Trauma

12. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief?) [IF NO, REFUSED, OR DON'T KNOW, SKIP TO ITEM F13.]

No ▼

12a. Have had nightmares about it or thought about it when you did not want to?

Not Applicable ▼

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Not Applicable ▼

12c. Were constantly on guard, watchful, or easily startled?

Not Applicable ▼

12d. Felt numb and detached from others, activities, or your surroundings?

Not Applicable ▼

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

Never ▼

Save

Click "Save" to progress

G. Social Connectedness

1. In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith - based organization?

No ▼

Times

Not Applicable ▼

[In other words, did you participate in a non - professional, peer - operated organization that is devoted to helping individuals who have addiction " + "related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.]

Values are pre-populated for staff. Select and manage applicable entries

2. In the past 30 days, did you attend any religious/faith affiliated recovery self - help groups ?

No ▼

Not Applicable ▼

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above ?

No ▼

Not Applicable ▼

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery ?

No ▼

5. To whom do you turn when you are having trouble?

No one ▼

Not Applicable

6. How satisfied are you with your personal relationships?

Very Satisfied ▼

Save

Click "Save" to progress

Record Management

A. Record Management

Overview

Behavioral Health Diagnoses

Services

Demographics

Military Family and Deployment

B. Drug & Alcohol Use

C. Family & Living

D. Education & Employment

E. Criminal Justice

F. Problem & TX

G. Social Connect

Submit Form

A. Record Management - Overview

Client ID :
DSSTEST_02CKB

Contract/Grant ID :
FG000219

Client Type :
TreatmentClient

Interview Type :
Intake

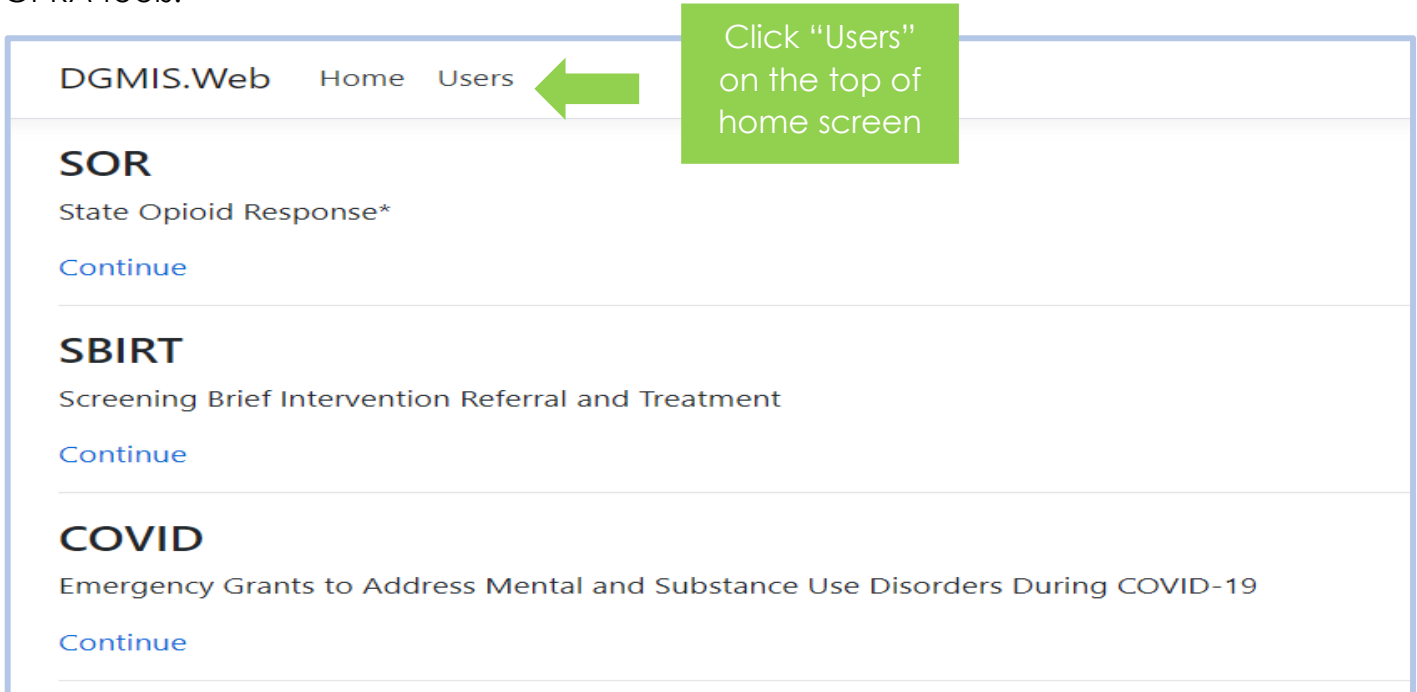
Interview Date :
04/14/2021

Review input before clicking "Submit Form."
Users can save an incomplete intake and return at a later time.

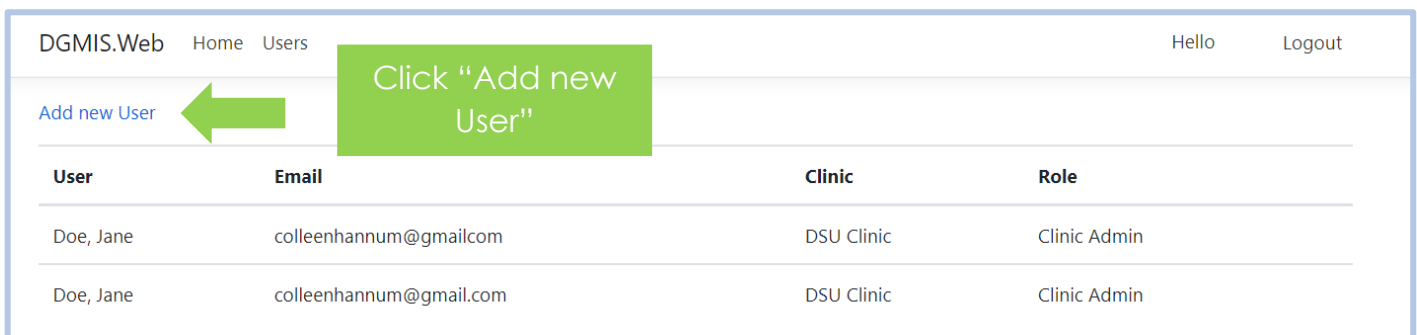
Click "Submit Form" and documentation will be finalized. Users will not be able to edit after submitting form.

Adding clinic staff

Facilities will now have capabilities of adding their own clinic staff. Each facility will designate a clinic admin that has the ability to add staff and GPRA tools, while clinic staff can only add GPRA tools.



The screenshot shows the DGMIS.Web home screen. At the top, there is a navigation bar with links for "DGMIS.Web", "Home", and "Users". A green arrow points from a green callout box to the "Users" link. The callout box contains the text "Click 'Users' on the top of home screen". Below the navigation bar, there are three main sections: "SOR" (State Opioid Response*) with a "Continue" link, "SBIRT" (Screening Brief Intervention Referral and Treatment) with a "Continue" link, and "COVID" (Emergency Grants to Address Mental and Substance Use Disorders During COVID-19) with a "Continue" link.



The screenshot shows the DGMIS.Web Users page. At the top, there is a navigation bar with links for "DGMIS.Web", "Home", and "Users". On the right side of the navigation bar, there are links for "Hello" and "Logout". Below the navigation bar, there is a link for "Add new User" with a green arrow pointing to it from a green callout box. The callout box contains the text "Click 'Add new User'". Below the link, there is a table with the following data:

User	Email	Clinic	Role
Doe, Jane	colleenhannum@gmail.com	DSU Clinic	Clinic Admin
Doe, Jane	colleenhannum@gmail.com	DSU Clinic	Clinic Admin

DGMIS.Web Home Users

Create new User

First Name

Last Name

Email

Password

Confirm password

RoleName

Designate new user as either "Clinic Admin" or "Clinic Staff".

ClinicName

Register

Click "Register" to create new staff

